

Return to Work Coordinators Community of Practice—Notes

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The session began with a brief welcome from the facilitator who recapped the discussion in the community of practice (CoP) group's first meeting and revisited the purpose and established norms of the CoP.

Afterward, the CoP group engaged in a Jamboard session, during which they reviewed the top 25 highest rated competencies for RTW coordinators (RTWC) identified by Dr. Glenn Pransky, a RETAIN subject matter expert.¹ Participants selected five competencies they are demonstrating now that they believe are helping them to successfully engage with RETAIN participants.

Participants responded to the Jamboard activity on five RTWC competencies helping them to successfully engage RETAIN participants as follows:

(Note: Competencies are ordered by most selected.)

- Having organizational and planning skills (7 selected)
- Being approachable and available (6 selected)
- Having listening skills (6 selected)
- Ability to communicate well verbally and in writing (6 selected)
- Being consistent between what you say and what you do (4 selected)
- Ability to adjust communications to a particular situation and individual people (3 selected)
- Ability to uncover and evaluate underlying problems (3 selected)
- Ability to relate well to workers and employers (3 selected)
- Having patience with each stakeholder involved in the RTW process (3 selected)
- Being able to communicate in a nonthreatening way (2 selected)
- Ability to sort through data and identify what is important (2 selected)
- Ability to instill trust and confidence in your role as the RTW coordinator (2 selected)
- Respecting and maintaining confidentiality (1 selected)

¹ "Role of Return-to-Work Coordinators and Interventions Designed to Prevent Workplace Disability," Dr. Glenn Pransky, presenter; convening video Day 2 (starts at 2:27); Pransky, G., Shaw, W. S., Loisel, P., Hong, Q. N., & Désorcy, B. (2010). Development and validation of competencies for return to work coordinators. *Journal of Occupational Rehabilitation*, 20(1), 41–48. <https://pubmed.ncbi.nlm.nih.gov/19826930/>

- Having ethical practices as a RTW coordinator (1 selected)
- Being respectful of other people and their roles, beliefs, and cultures (1 selected)
- Being diplomatic and tactful (1 selected)
- Ability to work effectively as part of a team (1 selected)
- Being fair and objective in judgment and actions (1 selected)
- Having relationship-building skills (1 selected)

The facilitator asked: What do these competencies look like in practice for CoP participants?

- For organizational and planning skills, one participant talked about using different software, such as Microsoft Outlook, to keep track of appointments, as well as coming up with a system to keep organized, which may include using flowcharts and establishing procedures for each task.

Next, the CoP participants engaged in another Jamboard activity, during which they selected five competencies from the same list of 25 that they think would be helpful to improve—perhaps through time for more practice or having more support with resources dedicated to a particular competency.

Participants responded to the Jamboard activity as follows regarding the top five RTWC competencies with which they would like more support, practice, or resources for improvement:

- Ability to instill trust and confidence in your role as the RTW coordinator (6 selected)
- Having patience with each stakeholder involved in the RTW process (6 selected)
- Being honest and frank in communications (4 selected)
- Ability to uncover and evaluate underlying problems affecting RTW (4 selected)
- Ability to effectively deal with stress, deadlines, and expectations (4 selected)
- Ability to evaluate and accurately describe job requirements (3 selected)
- Ability to work effectively as part of a team (3 selected)
- Ability to adjust communication to a particular situation and individual people (2 selected)
- Having relationship-building skills (2 selected)
- Being fair and objective in judgment and actions (2 selected)
- Ability to work effectively as part of a team (2 selected)
- Ability to sort through data and identify what is important (1 selected)
- Ability to relate well to workers and employers (1 selected)
- Being committed to the goal of early RTW (1 selected)
- Being diplomatic and tactful (1 selected)

The facilitator asked participants if they had any “aha” moments after engaging in this activity.

- One participant said it is a process learning the system and your role within that system, so it is important to have a good team that can help you access resources and help with patients who may need your assistance.
- Regarding honest, frank conversations: A participant said nurses sometimes try to fix the situation by telling people what they want to hear instead of being frank, which often requires stepping outside your comfort zone.
- Another participant suggested being consistent in what you say and do. It can be easy for people to make promises and then not follow through. This participant sees that happening with RETAIN in some respects.

Participants were divided into four breakout rooms to share strategies that have worked well and/or a success story about recruiting, enrolling, and engaging RETAIN participants; they were then asked to describe a challenge they were experiencing regarding engagement of RETAIN participants and discuss ideas to address the challenge. **Afterward, each breakout rooms provided a share-out.**

Breakout Group 1

- This group discussed successfully enrolling participants through health electronic medical record systems and using a social determinants of health screener to help identify eligible patients.
- A challenge identified in this breakout room: contacting patients who then drop off and cannot be reached.
- Another challenge mentioned: addressing basic need issues that a patient may have but are not directly related to work/employment (i.e., patient needing a place to sleep).

Breakout Group 2

- One successful strategy discussed in this breakout room: the usefulness of Outlook to keep track of appointments.
- A challenge identified: no-shows. One strategy suggested to address this involves first explaining your role clearly, because not everyone knows what a RTWC is. Adding to this, a participant said she always lets patients know she is a nurse, since most people inherently trust nurses. This same participant added that some patients find the idea of a study to be scary, which makes explaining the role of the RTWC so important.
- Another successful strategy: having weekly staff meetings with the medical providers, during which coordinators give a brief synopsis of each case and then receive insight from the provider.

Breakout Group 3

- Participants in this breakout room shared their state models and insights to compare differences in how they approach things. Differences discussed included eligibility criteria, how patients are being enrolled, and how the actual process itself is different.

Breakout Group 4

- This group discussed recruitment challenges and said they took solace in the fact that every state is struggling with recruitment. Specifically, they discussed the difficulty in finding the right patients and referrals, the different challenges that come along with different types of outreach—virtual versus in person versus telephone—and the barriers patients face, such as working from home with children, and how such barriers detract from interpersonal communication. They also discussed how COVID-19 has stolen from people opportunities to reinvent oneself and their ability to balance roles. COVID-19 also has led to an increase in mental health problems everywhere, which presents new challenges.

Participants then participated in a final Jamboard session about strategies to engage and follow up with providers.

Participants responded to the Jamboard activity on provider engagement strategies as follows:

- Some doctors are good about explaining the program, others are not. Going back to doctors and getting them onboard can make a big difference. (7 selected)
- Giving providers RETAIN-branded cups and hand sanitizer as part of their outreach materials and supplies (6 selected)
- COVID burnout (4 selected)
- Making sure they understand the procedures of RETAIN (3 selected)
- Drop off welcome packages to practices and help them set up screeners and understand processes (3 selected)
- Conducting monthly check-ins with practice to ensure they understand the goal of RETAIN, are using materials provided, and follow up when unable to reach patient (2 selected)
- Highlighting healthcare champions in a RETAIN video (1 selected)

Participant comments for this Jamboard activity included:

- A participant talked about having providers define for RETAIN what they need help with and what their patients' needs are.
- One participant mentioned the challenge of having to reiterate RETAIN information each time they meet with a provider.

The facilitator asked participants: What do these strategies or challenges look like on the ground?

- One participant said providers still refer ineligible patients, even though these providers have been around since Phase 1 and have been informed multiple times on the eligibility criteria.
- Another participant mentioned how they have assigned educators to visit providers' offices and educate them on what they need to do on notes and billing. This has helped reduce inappropriate referrals.
- A participant said physicians seem to be suffering from burnout; getting buy-in from a bunch of physicians can be very challenging.
- The facilitator reflected on a story she heard from one state that indicated that once a physician sees the results from patients that enroll and complete the process, that can help create buy-in and result in champions of the program.
- One participant said they had their first provider complete their CME training, and that they hope to start seeing that buy-in and program advocacy.